

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 046 ***150.00

DOCUMENT # **P95000091735**

1. Entity Name

Micro Net Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 E. Pine Street

State, Apt. #, etc.

3. Mailing Address

P.O. Box 2040

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

Zip **33801**

County **WSA**

City & State

Lakeland, FL

Zip **33806**

County **WSA**

4. FEI Number

59-3351062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dezayas, Bruno F. Esq.

Street Address (P.O. Box Number is Not Acceptable)

5120 South Lakeland Drive

Suite 3

City

Lakeland

FL

Zip Code

33813

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

Signature of registered agent (signature required when requesting)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elect to do so
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Test Fund Contribution ☐

\$5.00 May Be

Added to Fee

11. OFFICERS AND DIRECTORS

TITLE **Montero Emilio F. SR**
NAME **218 E. Pine Street**
STREET ADDRESS **Lakeland FL 33801**
CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 of this attachment with an address, with all other like attachments

SIGNATURE:

Emilio F. Montero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

Exemptions Paid on 4

863-577-0030

00200348 (12/01)